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CONFIRMATION NO. 9746

Bib Data Sheet

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/074,978	02/12/2002	435	1652	21402-269 (CURA-569)
RULE				

APPLICANTS

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- ☒ Linda Gorman, East Haven, CT;

DS
** CONTINUING DATA *****

- ☒ This appln claims benefit of 60/268,221 02/12/2001
- ☒ and claims benefit of 60/268,496 02/13/2001
- ☒ and claims benefit of 60/268,665 02/14/2001
- ☒ and claims benefit of 60/268,646 02/14/2001
- ☒ and claims benefit of 60/269,136 02/15/2001
- ☒ and claims benefit of 60/269,310 02/16/2001
- ☒ and claims benefit of 60/269,530 02/16/2001
- ☒ and claims benefit of 60/276,405 03/15/2001
- ☒ and claims benefit of 60/276,703 03/16/2001
- ☒ and claims benefit of 60/276,399 03/16/2001
- ☒ and claims benefit of 60/278,199 03/23/2001
- ☒ and claims benefit of 60/279,274 03/28/2001
- ☒ and claims benefit of 60/280,238 03/30/2001
- ☒ and claims benefit of 60/280,899 04/02/2001
- ☒ and claims benefit of 60/310,797 08/08/2001
- ☒ and claims benefit of 60/312,284 08/14/2001
- ☒ and claims benefit of 60/322,294 09/14/2001
- ☒ and claims benefit of 60/322,295 09/14/2001
- ☒ and claims benefit of 60/330,293 10/18/2001
- ☒ and claims benefit of 60/335,104 10/31/2001
- ☒ and claims benefit of 60/335,109 10/31/2001

✓and claims benefit of 60/332,127 11/21/2001
 ✓and claims benefit of 60/331,772 11/21/2001 *
 (*)Data provided by applicant is not consistent with PTO records.

DS
 ** FOREIGN APPLICATIONS *****

NONE- DS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/12/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 1	TOTAL CLAIMS 77	INDEPENDENT CLAIMS 13
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>DS</i> Initials				

ADDRESS

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TITLE

Novel proteins and nucleic acids encoding same

FILING FEE RECEIVED 2736	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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